

MINUTES

MONTANA SENATE 58th LEGISLATURE - REGULAR SESSION

COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN JERRY O'NEIL**, on March 28, 2003 at 3:05 P.M., in Room 350 Capitol.

ROLL CALL

Members Present:

Sen. Jerry O'Neil, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. John C. Bohlinger (R)
Sen. Brent R. Cromley (D)
Sen. Bob DePratu (R)
Sen. John Esp (R)
Sen. Emily Stonington (D)

Members Excused: Sen. Dan Harrington (D)
Sen. Trudi Schmidt (D)

Members Absent: None.

Staff Present: Dave Bohyer, Legislative Branch
Andrea Gustafson, Committee Secretary

Please Note. These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing & Date Posted: HB 501, 3/10/2003; HB 494,
3/10/2003; HB 569, 3/20/2003
Executive Action: HB 501; HB 494; HB 695

HEARING ON HB 501

Sponsor: REP. MARK NOENNIG, HD 9, Billings

Proponents: Ron Darby, Radiologist
Courtney Konop, Registered MRI Tech, Radiologist,
Deaconess Billings Clinic
John Flink, Montana Hospitals Association
Jim Brown, Department of Labor & Industry (DLI),
Board of Technologists
Beda Lovitt, Montana Medical Association

Opponents: None.

Opening Statement by Sponsor:

REP. MARK NOENNIG, HD 9, Billings, said HB 501 was a bill that created a special category of radiological technologists to do work that was under the supervision of a radiologist, in order to help the work force shortage in some rural areas. The bill was one agreed upon by both sides. On Page 1, the definition of general supervision was put in the bill which was necessary to determine what the relationship between the radiologist and the radiologist assistant was. On Page 2, the definition of radiologist was added as well as the definition of radiologist assistant which included someone who was a licensed radiologic technologist and worked under the general supervision of the radiologist. The other pertinent part was New Section 3, on Page 3, beginning on Line 18, that explained what the training requirements were. The specific duties allowed for a radiologist assistant may be defined by the board by rule. Line 29 said specifically what the assistant may not do. Those were reserved for the radiologist to perform. A radiologist was the first level currently, and the next level was a radiologic technologist.

Proponents' Testimony:

Ron Darby, Radiologist, said he practiced medicine for 35 years, 30 of those were as a radiologist. He was currently the Chairman of the Department of Radiology in Deaconess Billings Clinic and Hospital. He said in the United States there was about 25,000 practicing radiologists and 40% of them were over the age of 50. In Montana there were approximately 81 radiologists and the average age was 51. The amount was increasing by 6% per year for radiologists and the number of radiologists being produced in the United States was about 2% per year, so they were rapidly falling behind. It was a cost-effective way of extending the radiologist

scope of practice and it provided him with a valuable assistant. Those people would be licensed under the technology license but with the additional training they could do certain limited procedures under the radiologist's supervision, which would greatly enhance the opportunity to provide services in Montana. The people who were most affected were in the rural areas where attracting a radiologist was difficult. An example was in Glasgow where they had been trying to recruit a radiologist for three years unsuccessfully. It could be a cost-effective way of getting an intermediate level person into the area. The other issue was supervision and they would be under the direct supervision of a radiologist. They would not bill separately, so it would not add to the cost of healthcare but it would be a cost savings in healthcare.

Courtney Konop, Registered MRI Tech, Radiologist, Deaconess Billings Clinic, read and submitted her written testimony.
EXHIBIT (phs66a01)

John Flink, Montana Hospitals Association, said he wanted to underscore the points made about the importance of the bill potentially in the rural areas of the state where they were suffering severe shortages of healthcare personnel such as radiologic technicians.

Beda Lovitt, Montana Medical Association, said the bill was another segment to a licensing entity that was well supported by their experience and their education.

Opponents' Testimony: None.

Informational Testimony:

Jim Brown, Department of Labor & Industry (DLI), Board of Technologists, said he had people there to answer technical questions: **Lisa Addington, Health Care Licensing, DLI; Jeannie Warsech; Healthcare Licensing Bureau Chief, DLI; Helena Lee, Board Administrator for the Board of Radiologic Technicians; Bim Lindsey, Vice Chairman of the Board of Radiologic Technicians.**

Questions from Committee Members and Responses: None.

Closing by Sponsor:

REP. NOENNIG said the bill was a good way of going about it. He was glad all sides came together and he urged the committee's support.

EXECUTIVE ACTION ON HB 501

Motion/Vote: SEN. GRIMES moved that HB 501 BE CONCURRED IN.
Motion carried 6-0 with SEN. ESP voting by PROXY.

HEARING ON HB 494

Sponsor: REP. BILL WILSON, HD 46, Great Falls

Proponents: Beda Lovitt, Montana Medical Association
Rick Palagi, St. John's Lutheran Hospital

Opponents: None.

Opening Statement by Sponsor:

REP. BILL WILSON, HD 46, Great Falls, said the bill was being brought forth at the request of the physicians of the Montana Medical Association in response to a concern raised by a rural physician about changes in the law governing the licenses to physicians in residency training by the Board of Medical Examiners. This was an unintentional thing that happened. Changes in the licensure law following the development of the family residency program encouraged new language. It unintentionally prevented physicians in out-of-state residency programs from qualifying for Montana temporary licenses. This bill made the necessary change and recognized residency programs accredited by the Accreditation Council for graduate and medical education for the American Osteopathic Association. The major substantive language, the real meat of the bill was on Page 2, Lines 23 and 24. It expanded the scope of people that qualified for temporary licenses. It reached out and made eligible residents from other states to come here and go to rural communities and do their rotations.

Proponents' Testimony:

Beda Lovitt, Montana Medical Association, submitted written testimony in support of HB 494 for **Dr. Franklin S. Newman, MSU EXHIBIT (phs66a02)** and for **Dr. Greg Rice, Libby, MT. EXHIBIT (phs66a03)**

Ms. Lovitt said that for many years physicians had operated in private practice as preceptors or supervisors. Those individual physicians who were in residency training programs, many were from out of state. The residents did a two or three-month rotation in rural communities and that acted as a means of educating them about the opportunities for practice in small towns and provided healthcare to under-served populations through those rotations. After the development of the Montana

Family Practice Residency Program, rules were written and some changes were made. The current statute said when a resident physician may apply for a temporary license to practice medicine in Montana and when he or she had completed an improved internship of at least one year or its board approved equivalent, they would be supervised by a physician in good standing who was a resident in good standing with the Montana Family Practice Residency Program. That was where the problem lied because they had residents wanting to come and do rotations who had done their study in other accredited programs. The physicians were asking for a small change that would acknowledge the qualifications of the physician residents and allow the issuance of a temporary certificate for them if they are in good standing with one of the programs. They would work with a physician who had an unrestricted license and who would act as their preceptor or supervisor. The Board of Medical Examiners asked that the category of physicians from those out of state residency programs be a temporary license limited to a period of three months with a possibility of an extension for another three months. It was **Ms. Lovitt's** understanding that the Board of Medical Examiners was in support of that. She said **Dr. Franklin Newman** pointed out that it was a minor change that allowed the Montana area health education center and the physicians of private practice throughout Montana to continue to support the clinical rotations for physician-in-residency programs. The rotations were considered one of the means for recruiting physicians to practice medicine in rural Montana in the under-served communities and that it was an ongoing concern. She said the e-mail from **Dr. Greg Rice** of Libby talked about how he had served as a preceptor in many of those circumstances and had found it to be an extremely positive experience for himself, for the people in his practice, and for residents.

Rick Palagi, St. John's Lutheran Hospital, said many good reasons were given and he wanted to give another. The Libby Clinic of which **Dr. Rice** was a partner, was an independent clinic of four physicians who traditionally served as mentors and preceptors. They had several medical students and residents. It cost the physicians, in terms of time and money, much to have the residents in training in their clinic and this had been tangibly offset because the residents, could get licensed in the state of Montana and that was simple to understand on the economic side. For the clinic to bill for the services provided by the residents, the second and third year residents needed to have a license to get their appropriate billing numbers with Medicare and Medicaid so they could do the work, see the patients, which meant the regular physicians in the clinic may not see the patient. That allowed the income to come in and help support having the residents in the clinic. This would allow, if passed,

that sequence of events to happen. The patients, physicians, and the nursing staff in their facility benefitted greatly from having students and residents in the facility. As an intellectual challenge, it was an interchange that helped them become sharper, stay on their toes, and remember things they sometimes forgot in the day to day pressures of business when we had to teach it. He said it had been very positive for them.

Opponents' Testimony: None.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. BRENT CROMLEY, SD 9, Billings, asked if it were for a 3-month period with one extension possible in the three months.

REP. WILSON said that was correct.

Closing by Sponsor:

REP. WILSON thanked everyone for the bill.

EXECUTIVE ACTION ON HB 494

Motion/Vote: **SEN. DEPRATU** moved that HB 494 BE CONCURRED IN.
Motion carried 6-0 with SEN. ESP voting by PROXY.

EXECUTIVE ACTION ON HB 695

Motion/Vote: **SEN. GRIMES** moved that HB 695 BE INDEFINITELY POSTPONED.

Discussion:

SEN. CROMLEY said he supported the motion. He thought there had been a lack of communication between the people that appeared and the people that represented them in court. He thought the bill was badly advised and touched on a subject that was really working very well. There were strict rules and there were guidelines both in the Rules of Evidence and on the federal level. Some cases expressly indicated when and when not a person could testify and the legal offices dealt with litigation all the time, including defense medical malpractice cases, sometimes on the plaintiffs side. His firm had successfully defended witnesses, successfully challenged witnesses and the process went on. **SEN. CROMLEY** said all the proponents talked about trying to reduce insurance premiums which were a common complaint and

although he could see where they were coming from, he did not think the bill accomplished anything in that regard.

Motion carried 6-0 to INDEFINITELY POSTPONE with SEN. ESP voting by PROXY.

{Tape: 1; Side: A}

HEARING ON HB 569

Sponsor: REP. GAIL GUTSCHE, HD 66, Missoula

**Proponents: Amber Byrnes, Self
Bob Holmes, Self
Greg Daly, Lewis & Clark City County Health Dept.
Mary Caferro, Working for Economic & Equality
Liberation (WEEL)
Kate Kahan, WEEL, Executive Director
Maria Jimenez, Self
Linda Gryczan, MT Women's Lobbyists
Jodi Medlar, WEEL
Beth Satre, Coalition Against Domestic & Sexual
Violence
Chris Christiaens, MT Chapter National Social
Workers Association
Lani Candelora, MT Catholic Conference
Hank Hudson, DPHHS**

Opponents: None.

Opening Statement by Sponsor:

REP. GAIL GUTSCHE, HD 66, Missoula, said the bill an "At Home Infant Care Act" had an interesting history. Last session WEEL, Working for Quality and Economic Liberation, came to her and asked her to draft the bill. The department got together with WEEL and agreed that it was a good program. They decided the need was great for child care and the potential for savings was also good so they ran a successful program but unfortunately they no longer had the funding for it. It was why they were trying to put it into statute so that when the funding mechanism became available, they would be ready to roll. The program and department put together what was modeled after legislation in Minnesota. Montana became the second state to offer At Home Infant Child Care, which accounted parenting as work. The way it worked was that it allowed a low income parent or parents to stay at home with their infant up to 24 months in lieu of working and

these were children from birth to age two, not older. The parents had to be at less than 150% of poverty and not receiving welfare. They were paid \$378.00 a month that was \$17.00 per day, the same rate the state paid child care providers. The parent(s) was paid that rate to stay home with their child. Raising children was work and most mothers would agree it was the most important work they would ever do. It was important to know that WEEL and DPHHS got together and came up with a bold and resourceful program that worked and allowed parents to stay home. The programs saved more than it cost and it was effective. It was particularly effective in rural Montana where there was a critical shortage of child care. Infants in particular, were very hard to place. It was a little easier in the cities, but it was expensive. She noted the amendment that was put on was actually the third hearing the bill had. It was put on in appropriations and it was in Lines 12-14. It said that if specific appropriation were added to HB 2, or by budget amendment if funds became available from federal or private sources. It was likely that Congress was going to preauthorize money which would be available for the program from the federal government and that was why they put the amendment in there. The idea was that under welfare reform, they wanted women and men to go back to work. That was great but if they had infants at home, it was more expensive to go back to work if they had to pay for child care and so for a very small amount of money they could keep parents at home with their infants and give those children a great first start and save money.

Proponents' Testimony:

Amber Byrnes, Self, read and submitted her written testimony.

EXHIBIT (phs66a04)

Bob Holmes, Self, said he suspected few bills would be crossing the committee's desk that made as much absolute sense philosophically, psychologically, morally, and even financially as HB 569. He said it was interesting to him that years ago when women started leaving their homes and going out to get into the job market, people were critical of them. Today some of those same people were saying it was time for single parents to leave their children and go out and be responsible and take a job in the job market. A man told him the effort to try to pay mothers to stay at home and take care of their children was no more than a free ride for lazy mothers so they would not have to go back to work. **Mr. Holmes** said parental time with small children was so vitally important in raising them to be cared for and responsible youth and adults. It was why some countries in Europe routinely paid mothers to stay at home and raise their children because they knew there was not a more important work done anywhere, by anyone, than the work of a mother raising her children. This

bill was an investment in helping to raise a generation of children who would be caring and responsible in a way that no health care agency could do.

Greg Daly, Lewis & Clark City County Health Dept., read and submitted his written testimony. **EXHIBIT (phs66a05)**

Mary Caferro, Working for Economic & Equality Liberation (WEEL), submitted written testimony for **Lori Evans, President of Montana Child Care Resource & Referral Network EXHIBIT (phs66a06)**, and written testimony for **Mary Jane Standaert, Director of WEEL EXHIBIT (phs66a07)**, and submitted a handout demonstrating the proposed Montana "At Home Infant Care" Cost Savings Model. **EXHIBIT (phs66a08)** Ms. Caferro started by saying the wrong fiscal note was handed out. The actual fiscal note was zero. There were two things to know about this bill. One, their intent was to get the program into statute. The reason they wanted to put into statute a program that was not funded was because once the pilot program was implemented and they got their work group together of people who were concerned about child care: Human Services, advocacy groups, parents, and daycare providers, they found that it took a long time and a lot of money to implement the program. She said it made sense because a pilot program was a positive experience and it made sense to take the positive experience and maximize it to keep the momentum going, although they were not asking for funding now. The second reason was that their membership was a membership of people who had been affected by the budget cuts. They decided to try to get it in statute, but not to get into the situation where they were trying to fund a new program at the cost of existing programs. In the breakdown, it was a cost saver to the state. In the appropriation's committee, **Chairperson Lewis** called it a pro-family bill and he asked people to support it.

Kate Kahan, WEEL, Executive Director, said she worked on WEEL's national policy work. Montana's care program was replicated in two legislative bills last session in both the welfare bill and the child care bill. The two bills had to be passed this session in Congress as well and the "At Home Infant Child Care Act" was still an active part of those debates that were currently happening, so there was hope for federal dollars to come down into to Montana to fund the program. It met a need, it was smart, and it saved money. It was good for a rural state like Montana. Ms. Kahan said the other significant thing it did was put Montana on the map as innovative and creative policy thinkers and policy makers and that was important.

Maria Jimenez, Self, read and submitted her written testimony. **EXHIBIT (phs66a09)**

Linda Gryczan, MT Women's Lobbyists, submitted written testimony for **Angela Paulsen, single mother EXHIBIT(phs66a10)** and for **Naomi Thornton, Director of the Futures Program. EXHIBIT(phs66a11)** Ms. **Gryczan** said she just wanted to add that the money they were talking about was only \$17.00 per day, even legislators get paid more than that.

Jodi Medlar, WEEL, submitted written testimony for **Rob Snow, Student and Father EXHIBIT(phs66a12)** and for **Graycen M. Duffy, Student and Mother. EXHIBIT(phs66a13)**

Beth Satre, Coalition Against Domestic & Sexual Violence, said they strongly supported the program. She submitted a letter from **Jeannie Knight, Child Care Partnerships. EXHIBIT(phs66a14)** Ms. **Satre** said **Ms. Knight** mentioned in her letter that *"According to the National Association for the Education of young children, researchers estimate that for every one dollar spent on early education there is a savings of \$7.00 in reduced intervention costs. This appears to be a win-win program in that savings for child care costs could continue to fund the program."* **Ms. Knight** believed that with the secured future funding for the At Home Infant Care Program, it would play an important role in Montana's early childhood services. **Ms. Satre** said her coalition worked with people who were victims of domestic and social violence and this was one way they could foster healthy families in Montana.

Chris Christiaens, MT Chapter National Social Workers Association, read and submitted his written testimony. **EXHIBIT(phs66a15)**

Lani Candelora, MT Catholic Conference, read and submitted her written testimony. **EXHIBIT(phs66a16)**

Hank Hudson, DPHHS, said they would administer the program. It was a very positive experience and he thought the advocates of the program had been modest. He said they designed a wonderful program that built on many different parts of the department, but they could not keep doing it that way because the law surrounding the money they had would not allow that.

Opponents' Testimony: None.

Informational Testimony: None.

Questions from Committee Members and Responses:

SEN. EMILY STONINGTON, SD 15, Bozeman, asked about the technical note that needed an amendment added to it. **REP. GUTSCHE** said they did that. The amendment they put on it was Lines 12-14. They actually changed it to the satisfaction of the department and everyone signed off on it which was why they went from \$7 million to zero. She said she thought it was important the committee had the correct fiscal note in front of them.

SEN. STONINGTON asked what the likelihood of getting any federal money was. **Mr. Hudson** said it was hard to guess but a debate was going on in Congress and the language in the welfare reform law that did not make it out of the last congress would have funded it. There was much interest in it, especially from the child development specialists and there was much unfinished debate about welfare reform.

{Tape: 1; Side: B}

SEN. STONINGTON asked if it were approved from the federal government, would there be a match required of some kind and was that the budget amendment they would come for. **Mr. Hudson** said the budget amendment would be just to approve a federal grant if matching funds were required.

Closing by Sponsor:

REP. GUTSCHE said it was likely they would get federal funding either through the TANF preauthorization or from the childcare fund. She said it was work to be a parent and it was worth paying for. It was a health, safety, and nutrition issue because children got better care if they were with their parents, especially during their first two years.

SEN. JOHN BOHLINGER, SD 7, Billings, asked if the chair would entertain a motion to concur.

SEN. JERRY O'NEIL, SD 42, Columbia Falls, said no.

SEN. STONINGTON said she was working on some amendments for HB 695 and she asked the committee to keep that file in their folders while she worked on them.

ADJOURNMENT

Adjournment: 3:57 P.M.

SEN. JERRY O'NEIL, Chairman

ANDREA GUSTAFSON, Secretary

JO/AG

EXHIBIT (phs66aad)